## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

or <u>Fax</u> (703) 746-4000

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where

indicated unless corrected maintenance fee notification	below or directed otherwise	in Block 1, by (a) specify	ying a new correspondence address	; and/or (b) indicating a sepa f mailing can only be used for	rate "FEE ADDRESS" for
		1012	Fee(s) Transmittal. The papers. Each addition	his certificate cannot be used to all paper, such as an assignment te of mailing or transmission.	for any other accompanying
	7590 07/29/2004		~\	•	
ARLEN L. OLS SCHMEISER, OI 3 LEAR JET LAN SUITE 201	SEN & WATTS	A6 18 200	I hereby certify that it States Postal Service addressed to the Ma transmitted to the US	ertificate of Mailing or Trans his Fee(s) Transmittal is beinn with sufficient postage for fir il Stop ISSUE FEE address PTO (703) 746-4000, on the co	mission g deposited with the United st class mail in an envelope Tabove, or being facsimile late indicated below.
10000 1 ATHAM NY 17 100004 30182182 0000	2110 00021 10076847	PADAMARY	Lisi	$1/\alpha \alpha / \alpha 1 / \alpha$	(Depositor's name)
1 FC:2501 2 FC:1504	665.00 DP 300.00 DP			8-14-04	(Signature) (Date)
FC: OWN PLICATION NO.	FILING DATED UP	FIRST N	AMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/076,847	02/12/2002	Yo	ng-Seo Koo	CHANG-3387	1519
	CHAIR EQUIPPED WITH L	p			
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$300	\$965	10/29/2004
EXAMINER		ART UNIT	CLASS-SUBCLASS	]	
HARRIS, STEPHANIE N		3636	297-284700	_	
CFR 1.363).	ce address or indication of "Fo	(1) th	r printing on the patent front page, I ne names of up to 3 registered pate	1 Cahma	iser, Olsen
☐ Change of correspond Address form PTO/SB/	dence address (or Change of C 122) attached.	Correspondence or ag	ents OR, alternatively,	a member a 2 Wat	ta
☐ "Fee Address" indica PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indicat or more recent) attached. Use	ion form regist	n form registered attorney or agent) and the names of up to		
	D RESIDENCE DATA TO B		• • • •		
PLEASE NOTE: Unles recordation as set forth	ss an assignee is identified be in 37 CFR 3.11. Completion	clow, no assignee data wil of this form is NOT a subst	l appear on the patent. If an assig titute for filing an assignment.	nee is identified below, the d	ocument has been filed for
(A) NAME OF ASSIGNEE		(B) RESIDENCE: (CITY and STATE OR COUNTRY)			
SUNG YO	ONG CO., LTD.	, INCHON, RE	EPUBLIC OF KORE	A	
	te assignee category or catego			corporation or other private gr	oup entity ☐ government
4a. The following fee(s) ar	e enclosed:	•	nt of Fee(s):		
XXIssue Fee VVPublication Fee (No.	small entity discount permitted		eck in the amount of the fee(s) is en nent by credit card. Form PTO-2038		
XXA dvance Order - # o	•	•	Director is hereby authorized by of Account Number		credit any overpayment, to opy of this form).
•	s (from status indicated above MALL ENTITY status. See 3	•	oplicant is not claiming SMALL EN	TITY status. See, e.g., 37 CF	R 1.27(g)(2).
NOTE: The Issue Fee and		vill not be accepted from a	(if any) or to re-apply any previous nyone other than the applicant; a reg		
(Authorized Signature)		(Date) 8	116/04		
submitting the completed a	application form to the USPT as for reducing this burden, st ginia 22313-1450. DO NOT	O. Time will vary dependitional to the Chief I	nired to obtain or retain a benefit by is collection is estimated to take 12 ing upon the individual case. Any conformation Officer, U.S. Patent and ETED FORMS TO THIS ADDRES	comments on the amount of the Trademark Office, U.S. Den	me you require to complete artment of Commerce, P.O.
Under the Paperwork Redu	action Act of 1995, no persons	are required to respond to	a collection of information unless it	displays a valid OMB control	l number.

TRANSMIT THIS FORM WITH FEE(S)